





**TO:** Fiscal Agent for the Workforce Investment Board for Marion County  
Fiscal Agent for the Balance of State Workforce Investment Board  
Fiscal Agents for the Regional Workforce Boards

**FROM:** Teresa L. Voors   
Commissioner, Indiana Department of Workforce Development

**THROUGH:** Scott Sanders, Chief Financial Officer 

**DATE:** October 19, 2007

**SUBJECT:** DWD Policy 2007-18  
Grant Closeout Instructions for All Funding Sources Administered by the  
Indiana Department of Workforce Development

#### **Purpose**

The purpose of this communication is to provide grant closeout instructions to Indiana Department of Workforce Development (IDWD) grant recipients so they can officially report expenditures for their grants. The deadline for submittal of the closeout package is forty-five (45) days from the end date of the grant.

#### **Rescission**

None

#### **Contents**

A grant closeout report is required for each grant agreement. This closeout must include detailed information as outlined on the attached worksheet exhibits. Each grantee must return a fiscal report which includes expenditures and unpaid claims, applicable match, stand-in costs, program income activity, and inventory certification of property. This fiscal closeout report requires two support documents: (1) a completed trial balance, and (2) a summary copy of applicable General Ledger(s).

Any unspent funds are to be returned to the Indiana Department of Workforce Development with the closeout package.

Enclosed are the instructions and forms to be completed.

#### **Effective**

Immediately

#### **Ending Date**

November 15, 2008

Mitchell E. Daniels, Jr., Governor  
Teresa L. Voors, Commissioner

10 North Senate Avenue  
Indianapolis, IN 46204-2277  
[www.workforce.IN.gov](http://www.workforce.IN.gov)

An Economic Development Partner

Phone: 317.232.7670  
Fax: 317.233.4793

**Ownership**

IDWD Grant Accounting

**Action**

Complete the grant closeout report on the diskette enclosed with this directive. Print the closeout forms, sign where appropriate, and submit an original and one (1) copy of the package with the current list of all property purchased with funds received from IDWD issued grant and program income.

The closeout forms are in Excel on the diskette under filename "Closeout." When the file is open, the exhibits are at the bottom of the file as separate sheets. Click on the exhibit for which data is being entered.

Use the arrow keys to move to the appropriate area to enter the data. Save after entering data for each sheet. Only unprotected cell areas can be updated.

The Closeout package is due forty-five days from the end date of the grant.

The packages are to be sent certified mail, return receipt requested, or hand delivered to:

Indiana Department of Workforce Development  
Attention: Bill Clark, Grant Accounting Supervisor  
Indiana Government Center South, Room SE309  
10 N. Senate Avenue  
Indianapolis, Indiana 46204

If there are questions regarding the completion of the closeout package, please contact Pamela Woodruff at (317) or Shannon Stoops at (317) 233-5727. Please contact Mike Strain at (317) 232-1896 for questions regarding the property list. Questions regarding this directive may be addressed to Bill Clark, Grant Accounting Supervisor at (317) 232-1802.

**Attachments for Closeout**

Exhibit A - DWD Training Funds, Document Transmittal Closeout  
Exhibit B - Cash/Expenditure Summary Closeout  
Exhibit C - Grantee's Release Statement  
Exhibit D - Grantee's Assignment of Refunds, Rebates and Credits  
Exhibit E - Inventory Certification  
Exhibit E1 - Property Inventory Form  
Exhibit E & E1 Instructions (2 pages)  
Exhibit F - DWD Grantee/Contractor Schedule of Subgrantees  
Exhibit G - Grant Closeout Tax Certification  
Exhibit H - Grantee Program Performance Certification  
Exhibit I - Schedule of Unpaid Claimants  
Exhibit J - Program Income/Expense

**EXHIBIT A  
DWD TRAINING FUNDS  
DOCUMENT TRANSMITTAL  
CLOSEOUT**

REVISION	
Yes	NO
REV. #	

<b>GRANT#</b>	<b>GRANTEE NAME &amp; ADDRESS:</b>	
<b>CONTACT PERSON:</b>	<b>GRANT PERIOD:                      FROM    TO</b>	<b>PHONE:</b>

Check appropriate boxes. Each item must be covered. Explain fully any item not submitted. Use separate sheet(s) if necessary.

Enclosed	Will be sent separately (insert date)	Identification of Document
YES <input type="checkbox"/> NO <input type="checkbox"/>		1. Cash/Expenditure Summary                      Exhibit B Completed Trial Balance and General Ledger(s)
YES <input type="checkbox"/> NO <input type="checkbox"/>		2. Grantee's Release Statement                      Exhibit C
YES <input type="checkbox"/> NO <input type="checkbox"/>		3. Grantee's Assignment of Refunds,                      Exhibit D Rebates and Credits
YES <input type="checkbox"/> NO <input type="checkbox"/>		4. Inventory Letter of Certification                      Exhibit E (i) Certified Copy of Inventory List (ii) Property Inventory Form                      Exhibit E1
YES <input type="checkbox"/> NO <input type="checkbox"/>		5. Schedule of Subgrantees                      Exhibit F
YES <input type="checkbox"/> NO <input type="checkbox"/>		6. Grant Tax Certification                      Exhibit G
YES <input type="checkbox"/> NO <input type="checkbox"/>		7. Grantee Program Performance                      Exhibit H Certification
YES <input type="checkbox"/> NO <input type="checkbox"/>		8. Signed Cash Closeout Report                      Peoplesoft
YES <input type="checkbox"/> NO <input type="checkbox"/>		9. Signed Accrued Expenditure Report                      Peoplesoft
YES <input type="checkbox"/> NO <input type="checkbox"/>		10. Other Documents (specify)
YES <input type="checkbox"/> NO <input type="checkbox"/>		11. Schedule of Unpaid Claims (if applicable)                      Exhibit I
YES <input type="checkbox"/> NO <input type="checkbox"/>		12. Program Income Expense (if applicable)                      Exhibit J

I hereby certify, as evidenced by my signature below, that the information and financial data contained in this report are complete, accurate, and represent a true and documentable accounting of the activities and expenditures under the grant/contract indicated above.

Authorized Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Title \_\_\_\_\_

DATE \_\_\_\_\_

**EXHIBIT B  
CASH/EXPENDITURE SUMMARY  
CLOSEOUT**

(1) GRANT PERIOD: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(2) GRANT NUMBER \_\_\_\_\_

**COMPUTATION OF CASH BALANCE (round all figures to the nearest dollar):**

(3)	A. TOTAL CASH RECEIVED AS OF SEPTEMBER 30, 2007.	_____
	B. TOTAL CASH RECEIVED AFTER SEPTEMBER 30, 2007.	_____
(4)	TOTAL CASH RECEIVED FOR THIS GRANT.	_____
(5)	TOTAL UNPAID CLAIMS AS OF JUNE 30, 2007.	_____
(6)	TOTAL CASH EXPENDITURES FOR THIS GRANT THROUGH SEPTEMBER 30, 2007.	_____
(7)	TOTAL EXPENDITURES PAID AFTER SEPTEMBER 30, 2007.	_____
(8)	LESS REFUNDS FROM VENDORS	_____
(9)	TOTAL UNPAID CLAIMS AS OF NOVEMBER 15, 2007.	_____
(10)	TOTAL ACCRUED EXPENDITURES (LINES 6+7-8+9).	_____
(11)	TOTAL CASH RECEIVED OVER (UNDER) TOTAL ACCRUED EXPENDITURES (LINE 4 LESS LINE 10).	_____
(12)	ACTUAL AMOUNT REFUNDED WITH THIS CLOSEOUT. (A refund check for the total of Line 11 must accompany this closeout if Line 11 is positive).	_____

**REMARKS:**

**EXHIBIT C**  
**GRANTEE'S RELEASE STATEMENT**

Pursuant to the of Grant # \_\_\_\_\_, for the period of BEGIN DATE \_\_\_\_\_ TO END DATE \_\_\_\_\_

and in consideration of the sum of \_\_\_\_\_ dollars  
(Total of amounts PAID and PAYABLE)

\_\_\_\_\_, which has been or is to be paid under the said Grant to \_\_\_\_\_  
(Grantee's Name)

hereinafter called the Grantee or to its assignees, if any, the Grantee, upon payment of the said sum by the State of Indiana hereafter called the Government, does remise, release and discharge the Government, its officers, agents and employees, of and from all liabilities, obligations, claims and demands under or arising from the said Grant,                      **EXCEPT:**

(1)      Unpaid bills in stated amounts, or in estimated amounts where the exact amounts are not available,  
by the Grantee, as follows: \_\_\_\_\_,  
(If none so state, this is the total listed on Exhibit I, unpaid claims)

(2)      Claims, together with responsible expenses incidental thereto, based upon the liabilities of the Grantee to third parties arising out of the performance of the said Grant, which are not known to the Grantee on the date of the execution of this release and of which the Grantee gives notice in writing to the Grants Manager within the period specified in said Grant.

(3)      Claims after closeout, for costs which result from the liability to pay unemployment insurance costs under a reimbursement system or to settle Workman's Compensation claims.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

**EXHIBIT D**  
**GRANTEE'S ASSIGNMENT OF REFUNDS, REBATES AND CREDITS**

Pursuant to the terms of Grant # \_\_\_\_\_, for the period of \_\_\_\_\_

and in consideration of the reimbursement of costs and payment of fees, as provided in the

said Grant and any assignment thereunder, the

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*(GRANTEE'S NAME)*

(hereinafter called the Grantee) does hereby:

- (1) Assign, transfer, set over and release to the STATE OF INDIANA (hereinafter called the Government) all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of the said Grant, together with all the rights of action accrued or which hereinafter accrue thereunder.
- (2) Agree to take whatever action may be necessary to effect prompt collection of all such refunds, rebates, credits or other amount (including any interest thereon) due or which may become due, and to forward promptly to the Department of Workforce Development (DWD), Grant Accounting Section (made payable to the State for any proceeds so collected). The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by DWD and may be applied to reduce any amounts otherwise payable to the Government under the terms hereof.
- (3) Agree to cooperate fully with the Government as to any claim or suit in connection with such refunds, rebates, credits or other amounts due (including any interest thereon): to execute any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit the Government to represent it at any hearing, trial or other proceeding arising out of such claim or suit.

This assignment has been executed this \_\_\_\_\_ day of \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

DATE \_\_\_\_\_

# EXHIBIT E INVENTORY CERTIFICATION

<b>GRANT NUMBER</b> _____	<b>GRANT PERIOD</b> <b>FROM:</b> _____ <b>TO:</b> _____
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**A.** ☐ **GRANT AGREEMENT WITH PROPERTY**

I do hereby certify as (title) \_\_\_\_\_  
of (Organization's Name) \_\_\_\_\_  
that the enclosed Inventory list for the period ended indicated above is to be considered as the  
"complete" inventory and lists all government property for which I am accountable, and is correct  
in every respect, except for the changes contained on the attached Property Inventory Forms,  
numbered \_\_\_\_\_ through \_\_\_\_\_ which are hereby submitted. This  
certification assures that: all entries have been made; all data is correct; serial numbers, tag numbers,  
descriptions, costs and locations are true and certified herein.

**B.** ☐ **GRANT AGREEMENT WITHOUT PROPERTY**

I do hereby certify as (title) \_\_\_\_\_  
of (Organization's Name) \_\_\_\_\_  
that no government property was furnished or acquired under the terms and conditions  
of this Grant Agreement.

**C.** ☐ **GRANT AGREEMENT RENEWAL**

NOTE: If a renewal grant has been approved, the following statement must be certified  
in addition to the Final Inventory Certification above.

I further certify that the government property identified above has been approved for use in  
an on-going or follow-up Grant Agreement. The number of the on-going or follow-up  
Grant Agreement Number is: \_\_\_\_\_

**FOR DWD USE ONLY**  
**STATE CERTIFICATION AND DISPOSITION NOTICE**

I do hereby certify that the inventory schedules as certified above by the Grantee are the  
records kept by this office and I have made or shall make the following disposition in  
conformity with government property guidelines.

☐ Reassign to another entity ☐ Leave with current entity  
☐ Scrap/Salvage

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED NAME AND TITLE: \_\_\_\_\_

# EXHIBIT E1

[illegible]



# EXHIBIT E & E1 INSTRUCTIONS

## FINAL INVENTORY CERTIFICATION E INSTRUCTIONS:

**Section 1. Grantee has to certify, by placing an "X" in the appropriate box:**

- A. Whether there is a Grant Agreement with property.**
- B. Whether there is a Grant Agreement without property.**

**Section 2. If the Grantee's Grant Agreement has been renewed and the Grantee has put an "X" in box (A), the Grantee must also place an "X" in box (C) and provide the on-going/follow-up grant number.**

### E1 INSTRUCTIONS:

**In addition to the certification form, fill out the Property Inventory Forms provided, listing your inventory purchased with funds received from the State of Indiana. (WSA's must provide a certified copy of the Property Inventory Listing).**

**COLUMN 1: State Inventory number attached to the item.**

**COLUMN 2: This column is the DOL code.**

**COLUMN 3: The serial number assigned by the manufacturer of the item.**

**COLUMN 4: Description of the item (i.e., metal office desk).**

**COLUMN 5: FUNDING SOURCE**

- A. WIA = WORKFORCE INVESTMENT ACT**
- B. WP = WAGNER PEYSER**
- C. CP = CARL PERKINS**
- D. WDF = WORKFORCE DEVELOPMENT FUNDS**

**COLUMN 6: Unit Cost**      **This is the cost per item, not cost paid for several items purchased as one unit. In other words, if you paid one price for a whole computer system, you must still come up with a price for each individual component. You must determine a price for the keyboard, the display and the system unit/CPU.**

**COLUMN 7: COST CODE**

- A. A = ACTUAL**
- B. E = ESTIMATE - used when an individual price was unavailable and must be determined for each component of a unit (i.e., keyboard, display and system unit/CPU).**

**INVENTORY CERTIFICATION INSTRUCTIONS**  
**PAGE 2**

**COLUMN 8: PURCHASE DATE**

**COLUMN 9: CONDITION (Excellent, Good, Fair, Poor).**

**COLUMN 10: GRANT RECIPIENT (GR) The 3 digit customer number assigned by the State.**

**COLUMN 11: LOCATION If you have more than one site that you are operating, list the city where each item is located.**

**COLUMN 12: CO - The 2 digit county code where each item is located.**

**DWD GRANTEE/CONTRACTOR**  
**SCHEDULE OF SUBGRANTEES**

**Grant Number:** \_\_\_\_\_

**Grant Period:** **FROM:** **TO:**

SUBGRANTEE NAME	CONTRACT NUMBER	CONTRACT PERIOD	CONTRACT AMOUNT	ACCRUED EXPENDITURES
TOTAL				

# EXHIBIT G

## GRANT CLOSEOUT TAX CERTIFICATION STATE OF INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

In the performance of Grant No. \_\_\_\_\_, I hereby certify that I have complied with the requirements of the law, Workforce Development, and DOL, regarding the obtaining of employer identification/account numbers; collection, payment, deposit and reporting of Federal, State and Local taxes; and the provision of W-2 forms to employees/enrollees (formerly employed under the grant). W-2 forms will be furnished as specified in Circular E, Employer's Tax Guide.

Name of Grantee

Address

Employer's Identification No.

The authorized signature on Exhibit A - Document Transmittal is indicating that applicable taxes have been paid on both staff and enrollee/participant salaries and wages.

## EXHIBIT H

<b>Grant Number</b>	<b>GRANTEE PROGRAM PERFORMANCE CERTIFICATION</b>	
<b>Report Period</b>	<b>From:</b> <b>To:</b>	

**In order to complete the closeout process, we request that you certify the following statement:**

**I CERTIFY THAT GRANT FUNDS WERE SPENT IN ACCORDANCE WITH THE TERMS AND CONDITIONS REQUIRED IN THE GRANT AGREEMENT AND THE APPLICABLE ACT AND REGULATIONS. I FURTHER CERTIFY THAT OUR AGENCY HAS COMPLETED ALL CLOSEOUT ACTIONS; ACCOMPLISHED ALL PROGRAM AND FINANCIAL REQUIREMENTS; SECURED ALL REPORTS; AND RECONCILED ALL FUNDING WITH RESPECT TO SUBGRANTS WE HAVE AWARDED UNDER THE ABOVE-REFERENCED GRANT.**

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**Authorized Signature**

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**Title**

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**Date**

**Exhibit I**  
**Schedule of Unpaid Claimants**

Customer Number: \_\_\_\_\_ Grant Number: \_\_\_\_\_

Record Number: \_\_\_\_\_ Date: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Service Description: \_\_\_\_\_

Reason not Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

-----  
Customer Number: \_\_\_\_\_ Grant Number: \_\_\_\_\_

Record Number: \_\_\_\_\_ Date: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Service Description: \_\_\_\_\_

Reason not Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

**\* Please make copy of Form if you have additonal unpaid claims to report.**

**EXHIBIT J**  
**Program Income / Expense**

Customer Number: \_\_\_\_\_ Grant Number: \_\_\_\_\_ Report Period: \_\_\_\_\_  
Year: \_\_\_\_\_ Project: \_\_\_\_\_

<u>FYR</u>	<u>PROJ</u>	<u>PROGRAM</u>	<u>PGM INCOME</u>	<u>PGM EXPENSE</u>	<u>INCR/DECR</u>	<u>BALANCE</u>
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STAND IN COST \_\_\_\_\_